



# TFD Patient Survey

Thank you in advance for taking the time to complete this important questionnaire regarding the care you received from The Family Doc.

Your feedback is very important in helping us to continue to provide the highest possible levels of care and comfort for our patients.

## Background Questions (write in answer or fill in circle (for example ●) as appropriate)

1. If someone other than the patient is completing this survey, please fill in circle:
2. Date of last visit (mm/dd/yy): \_\_\_\_\_
3. Was this your first visit:  Yes  No
4. How many **minutes** did you wait after your scheduled appointment before you were called to an exam room? \_\_\_\_\_
5. How many **minutes** did you wait in the exam room before you were seen by a doctor, physician assistant (PA), or nurse practitioner (NP)? \_\_\_\_\_

## Our Scheduling Process

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	N/A 5
When contacting the office, the phone staff was pleasant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was easy to schedule a convenient appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to schedule an appointment within a reasonable amount of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information I received prior to my visit was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____					

## Upon Arrival

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	N/A 5
I was greeted and registered promptly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Registration staff was courteous and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The forms I was asked to complete were easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My wait time was reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort and pleasantness of the waiting area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____					

*Continued...*

## Our Facilities (write in answer or fill in circle (for example ●) as appropriate)

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	N/A 5
The office is in a convenient location.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The parking area is convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The office décor is attractive and cheerful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____					

## Our Providers

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	N/A 5
My Provider gave me his/her complete attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Provider answered my questions clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Provider explained my treatment options thouroughly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Provider was courteous and friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort and pleasantness of the exam area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____					

## Other Services

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	N/A 5
I was satisfied with the care I received from the Imaging Staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with the care I received from the Lab Staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with the care I received from the Front Desk staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with scheduling follow-up appointmnets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____					

## Overall Satisfaction

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	N/A 5
Overall, I am very confident in the care I received from TFD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How did you hear of our office: _____					
Comments (describe good or bad experience): _____					

*Thank you again for taking the time to complete our survey!*